## IAP7 Rec'd PCT/PTO 26 MAY 2006

Docket No. 59331-D-PCT-US/JPW/AG

## NITED STATES PATENT AND TRADEMARK OFFICE

William Olson et al. Applicant(s):

10/510,268 Serial No.

L. Humphrey Examiner:

Filed

: September 6, 2002

Group Art Unit: 1648

For

PARTICLE BOUND HUMAN IMMUNODEFICIENCY VIRUS ENVELOPE

GLYCOPROTEINS AND RELATED COMPOSITIONS AND METHODS

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

May 24, 2006 Date:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

|                                                                           | Number                  | Highest                          | Number of<br>Extra<br>Claims<br>Presented | RATE            |                 |   | FEE             |                 |
|---------------------------------------------------------------------------|-------------------------|----------------------------------|-------------------------------------------|-----------------|-----------------|---|-----------------|-----------------|
|                                                                           | after<br>Amend-<br>ment | Number<br>Previously<br>Paid For |                                           | Small<br>Entity | Other<br>Entity |   | Small<br>Entity | Other<br>Entity |
| Total<br>Claims                                                           | 35 _                    | * 29 =                           | ***<br>X                                  | \$25            | \$50            | = | 150.00          |                 |
| Indepen<br>-dent<br>Claims                                                | 2 -                     | 3 =                              | ***<br>X                                  | \$100           | \$200           | = | 0               |                 |
| Multiple Dependent Claim(s) Presented For First TimeYesNo \$180 \$360 = 0 |                         |                                  |                                           |                 |                 |   |                 |                 |
|                                                                           |                         |                                  |                                           | TOTAL A         | DDITIONA        |   | \$150.00        |                 |

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER

05/31/2006 LLANDGRA 00000063 10510268

01 FC:2615

150.00 OP

AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

| Applicant(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | William Olson et al.  10/510,268 September 6, 2002                                                                  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Serial No. :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     |  |  |  |  |  |  |  |
| Filed :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | September 6, 2002                                                                                                   |  |  |  |  |  |  |  |
| Amendment Tran<br>Page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | smittal Letter                                                                                                      |  |  |  |  |  |  |  |
| The following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | are also enclosed:                                                                                                  |  |  |  |  |  |  |  |
| X One addi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tional copy of this Amendment Transmittal Letter                                                                    |  |  |  |  |  |  |  |
| X Return Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | eceipt Postcard                                                                                                     |  |  |  |  |  |  |  |
| An Information Disclosure Statement, including Form PTO-1449                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     |  |  |  |  |  |  |  |
| (Copies c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | f citations included: Yes No                                                                                        |  |  |  |  |  |  |  |
| and a fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ee of \$ included)                                                                                                  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ion for an Extension of Time, including a fee of for a Petition for Month(s) Extension of Time                      |  |  |  |  |  |  |  |
| X Other (i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dentify): Copy of Sequence Listing (Exhibit A) Statement                                                            |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | In Accordance With 37 CFR 1.821 (f) (Exhibit B)                                                                     |  |  |  |  |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Computer diskette                                                                                                   |  |  |  |  |  |  |  |
| X A check Please ches \$ X The Comminate Transfer Amount of the comminate Amoun | ssioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 03-3125 |  |  |  |  |  |  |  |
| correspondence is date with the U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Patents New York, New York 10036                                                                                    |  |  |  |  |  |  |  |